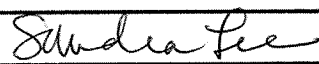


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TRANSMITTAL FORM	Application Number	10/785,207	
	Filing Date	02/24/2004	
	First Named Inventor	Modak, Shanta	
	Art Unit	1616	
	Examiner Name	Soroush, Ali	
(to be used for all correspondence after initial filing)		Attorney Docket Number	070050.2534
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Baker Botts L.L.P.	
Signature		
Printed name	Sandra S. Lee	
Date	11/02/2007	Reg. No. 51,932

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL for FY 2007

Complete if Known

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 0

Application Number 10/785,207

Filing Date 02/24/2004

First Named Inventor Modak, Shanta

Examiner Name Soroush, Ali

Art Unit 1616

Attorney Docket No. 070050.2534

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number
Deposit Account Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text"/>	x 25 =	<input type="text"/> \$0

Independent Claims	<input type="text"/>	x 105 =	<input type="text"/> \$0
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Multiple Dependent	<input type="text"/>	=	<input type="text"/> \$0
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SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
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Claims in excess of 20	<input type="text"/> 50	<input type="text"/> 25
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Independent claims in excess of 3	<input type="text"/> 210	<input type="text"/> 105
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Multiple dependent claim, if not paid	<input type="text"/> 370	<input type="text"/> 185
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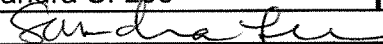
FEE CALCULATION (continued)

ADDITIONAL FEES

- | | |
|--|----------------------|
| <input type="checkbox"/> Surcharge - late oath or filing fee | <input type="text"/> |
| <input type="checkbox"/> Non-English Specification | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within first month | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within second month | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within third month | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within fourth month | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within fifth month | <input type="text"/> |
| <input type="checkbox"/> Notice of Appeal | <input type="text"/> |
| <input type="checkbox"/> Filing a brief in support of an appeal | <input type="text"/> |
| <input type="checkbox"/> Petition to revive - unavoidable | <input type="text"/> |
| <input type="checkbox"/> Petition to revive - unintentional | <input type="text"/> |
| <input type="checkbox"/> Utility Issue Fee | <input type="text"/> |
| <input type="checkbox"/> Design Issue Fee | <input type="text"/> |
| <input type="checkbox"/> Publication Fee | <input type="text"/> |
| <input type="checkbox"/> Petitions to the Commissioner | <input type="text"/> |
| <input type="checkbox"/> Request for Continued Examination (RCE) | <input type="text"/> |
| <input type="checkbox"/> Information Disclosure Statement (IDS) | <input type="text"/> |
| Other fee - | <input type="text"/> |

SUBTOTAL (\$ \$0

SUBMITTED BY

Name (Print/Type)	Sandra S. Lee	Registration No. (Attorney/Agent)	51,932	Telephone	212-408-2500
Signature		Date	11/02/2007		

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